THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER EHS PROGRAMS

CLINICAL SKILL SHEETS

This sheet will contain the skills clinical rotations. Please make s	NICAL SKILLS SHEET That the students will be permitted to the student is not permitted to bease call (703) 425-2170 and st	s beside each listed skill. o perform that particular
Airway Adjuncts & D ₂ Therapy ET Intubation Cardiac Monitoring Cardioversion/Defibrillation External Pacing Medication Administration IV/IO Infusion	SIGNATURE	DATE
Needle/Chest Decompression IM/SQ		
NG Tubes		

Student:			
OLUGO II.			

Loudoun County Fire & Rescue Training Division

EMS Programs

Clinical Evaluation Form

Date:			
Depart	tment:		
Total	Hours:		
form at the errse coordinat	nd of each or.	rotation. If	any
Strongly Agree	Agree	Disagree	Strongly Disagree
	2	3	4
	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
	Total form at the erse coordinat Strongly Agree 1	Total Hours: Total Hours: form at the end of each recoordinator. Strongly Agree 1 2 2 1 2 1 2 1 2 1 2	form at the end of each rotation. If recoordinator. Strongly Agree Disagree 1 2 3 2 3 1 2 3 1 2 3 1 2 3

Please complete reverse side of this form

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER EHS PROGRAMS

CLINICAL SKILL SHEETS

Quality in EMS is a Matter of Degree

CLINICAL SKILLS SHEET This sheet will contain the skills that the students will be permitted clinical rotations. Please make sure the Coordinator's signature is fithe signature is not present then the student is not permitted to	beside each listed skill.
skill. If there are any questions please call (703) 425-2170 and sp	eak to Kathleen Camp.
SKILL SIGNATURE	DATE
Airway Adjuncts & ϕ_2 Therapy	
ET Intubation	
Cardiac Monitoring	
Cardioversion/Defibrillation	
External Pacing	
Medication Administration	
IV/IO Infusion	
Needle/Chest Decompression	
IM/SQ	
NG Tubes	

Student:

Momor			
Manage			

Case Study # ____

*

Date:

Patient Age/Sex:	
Chief Complaint:	
1111	
History Of Present Illness:	
Tresent imess.	
Past Medical	
History:	
Physical Exam:	
\	
Treatment:	2
Datient Decrease	
Patient Response to Treatment:	

Ceorge Washington University

The George Washington University Medical Center

EHS Programs



Clinical Evaluation Form

Quality in EMS is a Matter of Degree

t	De	ste:		
al/Agency:	Unit			
on-Duty:	To	tal Hours:		
tions to Preceptor: Please complete this form at the	nd of each clin	ical shift. If an	v problems	are
intered, please call the course coordinator. If you wo	uld prefer, this	form may be	nailed back	to the course
inator. Addresses and phone numbers are on the bac	<i> </i>			
Please indicate overall performance by checking the	Married Britanists Address of Later St. Co.		CONFIDENCE FARREST	CONTRACTOR AND ADDRESS OF THE PARTY AND ADDRES
Did the student	Strongly Agree	Agree	Disagree	Strongty Disagree
Arrive on time and complete the entire assigned shift		2	3	4
Wear proper attire?		2	3	4
Relate well to personnel: follow instructions, accept		2	3	4
suggestions, display confidence in interactions, etc.?				
Relate well to patients and families: attentive, asked appropriate questions, considerate, etc.?	1	2	3	4
Appear genuinely interested and willing to help?	1	2	3	4
Perform skills properly and safely according to protocol, and at the direction/discretion of the preceptor?	1	2	3	4
Appear knowledgeable/based on heir level of training:	1	2	3	4
assessment pathophysiology, medications and their usage (dose, route, indications, precautions, actions, etc.), and other		_		_
therapeutic interventions.		-		

Please fill out the reverse side of this form.

The student will fill out this portion of the form and the clinical preceptor will review the entered information before signing below:

Skills Performed Affempls Successes Comments Additional Comments: Date: 7-		
Skills Performed Aftempts: Successes Comments Additional Comments: Date:	Procedures Observed:	
Skills Performed Aftempts: Successes Comments Additional Comments: Date:		
Skills Performed A femalis Successes Comments Additional Comments Treceptor's Signature: Date: 75		
Skills Performed A femalis Successes Comments Additional Comments Treceptor's Signature: Date: 75		
additional Comments: Date:		ACCESSES OF
additional Comments: Date: 7:	Skills Performed Arempts Successes Comments	
additional Comments: Date:		
receptor's Signature:		-
receptor's Signature:		
receptor's Signature.	Additional Comments:	
receptor's Signature.		
rint Name and Title:		
	rint Name and Title:	

Telephone Contact Number:

Coordinator Name	Mailing Address	Phone Number
Beth Adams, Kathleen Camp	9401 Mathy Drive, #200 Fairfax, VA 22031-5312	(703) 425-2170
Keith Holtermann, Scot Phelps, or Carolyn Rinaca	2300 K Street, N.W. #107 Washington, DC 20037	(202) 994-4372

Skills	NN	Infant	Child	Adol	Adult	Eld.	Skills	NN	Infant	Child	Adol	Adult	Eld.
AIRWAY/							PERIPHERAL	1.000	-	-		7.144.5	23.30
VENTILATION							ACCESS						
OP Airway							Blood Sugar						
NP Airway							External Jugular		4			-	
EOA							Intraosseous Infusion						-
Adult ET Medical							Saline Lock			-			-
Adult ET Trauma					// h	Г	IV Insertion		F	 	Г		1
Magill Forceps					//		Blood Draws						
Bag-Valve Mask			1		//		Butterfly Insertion	_	+				
Pediatric ET Medical							The state of the s	-					
Pediatric ET Trauma							PATIENT ASSESSMENT						
Needle Decompression							/ledical Assessment		+ + +			-	-
Surgical Cric.							Trauma Assessment	-					
Pericardiocentesis							Tudillo Fessissimile	 	+++	-		14	<u> </u>
Pertrach							PARDIACISKITIS		+ + + + -	-		-	-
ET Suction		1 1					CPR	1	₩₩	-			Ш
OP Suction			1		#/		CARDIAO SKILLS CPR Monifor	-	#/	-			-
					//		Defibrillation	-	\mathbb{A}	-	-		Ш
MEDICATION							Definitiation Cardioversion		4	-			
ADMINISTRATION							Gat Gijo v Gijaloti			Ш			
ET				1//			Pacing	-		#			
Nebulizer		1 1		1//		1 1	Valsalva			4		-	-
IM			<i>))</i>	1//			Turbus 14						n
SQ	1	1		11 1		11	ADIIDICIS				1111	-	Ш
SL Injection		1	//	11 11	\vdash	11 11	ADJUNCTS Splinting/					-	₩
		\	// .	N II			Immobilization				1111		
IV Push			1//				Immobilization Childbirt						
IV Drip					_		Dressing						
Rectal							2.10000		-				
SL Tab							OTHER: explain on		-				
							rotation form						
							OTHER; explain on rotation form						

UNIT: _____ PRECEPTOR'S SIGNATURE: ____

The George Washington University

The George Washington University Medical Center

EHS Programs



Student Evaluation Form

Quality in EMS is a Matter of Degree

				Date:		
it:		Pr	eceptor: _			
ease take a few mini	tes to evaluate today's clinical exq	perience. Return	this form to	the Course Coo	ordinator.	
			Strongly Agree	Agree	Disagree	Strongly Disagree
Objectives we	e clearly stated.			7	3	4
Preceptor was	knowledgeable.		1	2	3	4
Preceptor was	available and helpful.		1	2	3	4
Staff was know	dgeable		1	2	3	4
Staff was open	to questions.		1	/2	3	4
Staff facilitated	student/learning.		1	2	3	4
Staff was a goo	d role model.	· ////	1	2	3	4
Student was aff	orded adequate learning opportu	nities.	1	2	3	4
ow much do you feel	yen carned during this relation: Very little Review of information/materials			: new informati		
w would you rate th	e impact of today's experiences of	n your future c	inical practi	ce?		
	Diminished clinical practice		Mini	mal impact on	clinical practice	
	Enhanced clinical practice		Grea	tly enhanced cl	inical practice	
ow would you rate to	day's clinical experience?					
	Limited value	1	Some	value		
	Valuable	_	Very	valuable		
omments:						
minents.						
	Student	Signature:				

Patrick County EMT-Enhanced Pilot Program Field Internships

Statement of Agreement

Between

Western Virginia Emergency Medical Services Council, Inc. (EMS Council)

And

XXXXX Rescue Squad, Inc. (EMS Agency) Responsibilities of Western Virginia Emergency Medical Services Council, Inc.

- 1) EMS Council agrees to not discriminate against students in any manner whatsoever on account of race, creed, color, sex, age, national origin, or mental or physical handicap, provided that such handicap does not prevent or interfere with satisfactory performance.

 2) EMS Council agrees to maintain all records of students.
- 3) EMS Council will identify objectives and evaluation tools needed for students to perform while in the field internship.
- 4) EMS Council will initiate the development of and provide copies of mutually acceptable clinical instructional plans for clinical preceptors to meet the educational goals of the required curriculum/
- 5) EMS Council will provide orientation for the field preceptors covering policy and procedure for field experiences
- 6) EMS Council shall appoint a Medical Director whose function shall be to provide some classroom and skill instruction, feedback to the EMS Council and to the students, medical direction for the program and if necessary, corrective action to the students.
- 7) EMS Council shall assure all students are appropriately immunized prior to beginning field experiences. (Copies shall be provided in writing to the EMS agency if requested.)
- 8) Students and preceptors shall adhere to all applicable Western Virginia EMS Council policies, all applicable Patrick County policies, all applicable R.J. Reynolds-Patrick Community Hospital policies and all applicable EMS Agency policies.
- 9) EMS Council will provide the EMS Agency in writing a minimum of one week prior to the student's field experience, a schedule of the dates, times, names of Council approved preceptors and names of students.
- 10) EMS Council will assure that all students and Preceptors are appropriately dressed with photo IDs prior to arriving at the EMS Agency.
- 11) EMS Council will keep the EMS Agency Captain informed of and notify them in writing of policy changes that may affect the students in training at the EMS Agency.

- 12) EMS Council will insure that there is a written Exposure Control Plan and that the students participate in training required by the EMS Agency.
- 13) EMS Council, through its general liability policy, provides general liability insurance for EMS students. This insurance covers bodily injury or property damage done to someone else while participating in EMS Council training programs. It does not provide coverage for injury to the student.

II. Responsibilities of EMS Agency

- EMS Agency agrees to appoint a Contact Person whose responsibilities will include:
 orientation of students to the agency (2) coordination and planning of the student's clinical experience with the EMS Council and (3) the orientation of Field Preceptors.
- 2) EMS Agency agrees not to discriminate against any student in any manner whatsoever on account of race, creed, color, sex, age, national origin, or mental or physical handicap, provided that such handicap does not prevent or interfere with satisfactory performance.
- 3) EMS Agency retains full responsibility for patient's care.
- 4) EMS Agency will ensure that only Preceptors approved by Western Virginia EMS Council are present prior to allowing students to perform any EMT-Enhanced skills.
- 5) EMS Agency agrees to keep the EMS Council informed of changes in agency policy that affect Preceptors and students.
- 6) EMS Agency may remove any student from any area which is not conducive to optimum learning experiences, and further may remove any student from any area when the student's actions, attitudes or conduct may, in the EMS Agency student have a detrimental effect on the patients or personnel. EMS Agency shall immediately inform Western Virginia EMS Council of any such actions.
- 7) EMS agency will only allow Preceptors previously approved by the Western Virginia EMS
- 8) Neither the students nor the Preceptors shall be deemed employees of the EMS Agency and there shall be no monetary considerations paid by the EMS Council to the EMS Agency for services of students or Preceptors

III. Signed Agreement Between Both Parties

The undersigned hereby enpreys this Affiliation Agreement

The term of this agreement is April 1, 2001 through June 7, 2001. Either party may terminate this agreement by giving ten (10) days written notice to the other party.

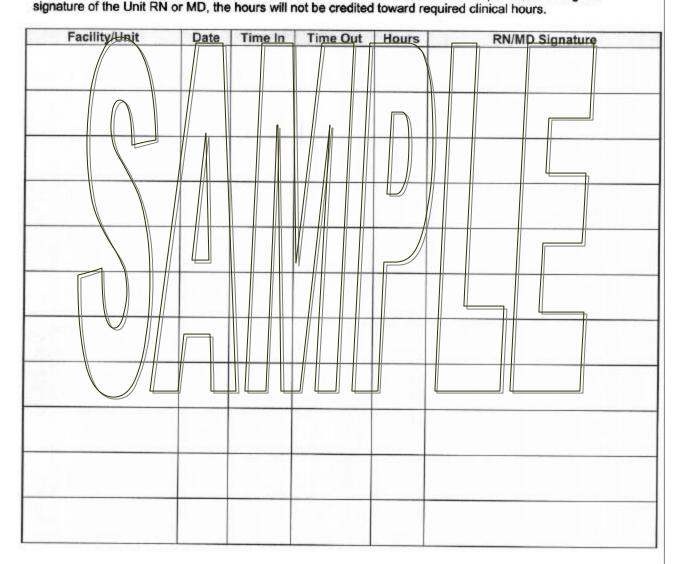
Western Virginia EMS Council, Inc.	EMS Agency Officer
Date	Date

Western Virginia EMS Council

Patrick County EMT-Enhanced Pilot Course

Clinical Documentation Form

Student Name:SSN:	
Course #:	Course Level: EMT-Enhanced PILOT
This form must be completed in full for e	each clinical rotation attended. If not completed, including the



ALL COMPETENCIES MUST BE COMPLETED BY

May 25, 2001

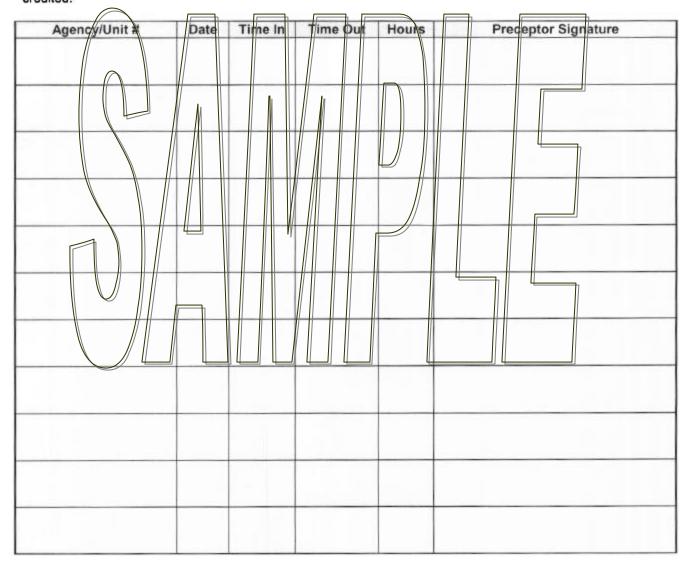
Western Virginia EMS Council

Patrick County EMT-Enhanced Pilot Course

Field Preceptorship Documentation Form

Student Name:	
SSN:	
Course #:2773-	Course Level: EMT-Enhanced PILOT

This form must be completed in full for each field preceptorship rotation attended. If not completed, including the signature of an approved preceptor, the hours, skills and patient contacts will not be credited!



ALL ATTENDANT IN CHARGE RUNS MUST BE COMPLETED BY

TETRITE AAAA

Western Virginia EMS Council

Patrick County EMT-Enhanced Pilot Course

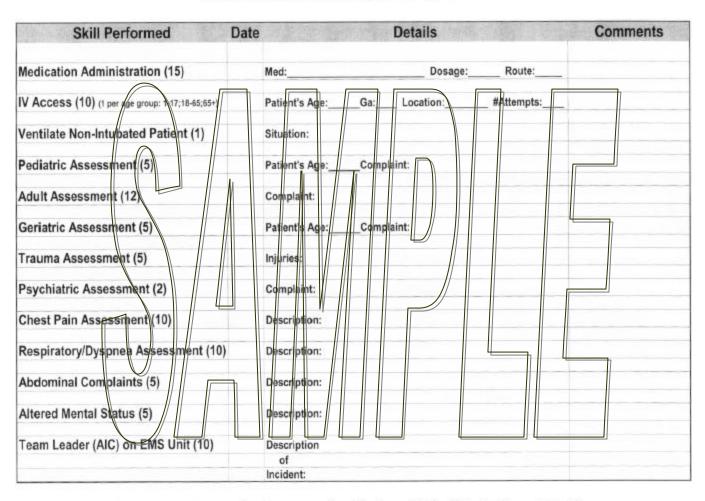
Subjective Student Field Preceptorship Evaluation Form

dent:	Date:
Area of Evaluation	Comments:
Appearance Attendance Initiative-Motivation Attitude-Cooperation Human Relations & Administrative Skills Equipment & Supplies Psychomotor Skills Patient Care Environment Patient Assessment Decision Making Knowledge Quality of Care Leadership Miscellaneous Recommendations/	

Preceptor Signature:

Student's Signature:

Western VA EMS Council Patrick County EMT-Enhanced Pilot Course Skills Competencies Documentation Form



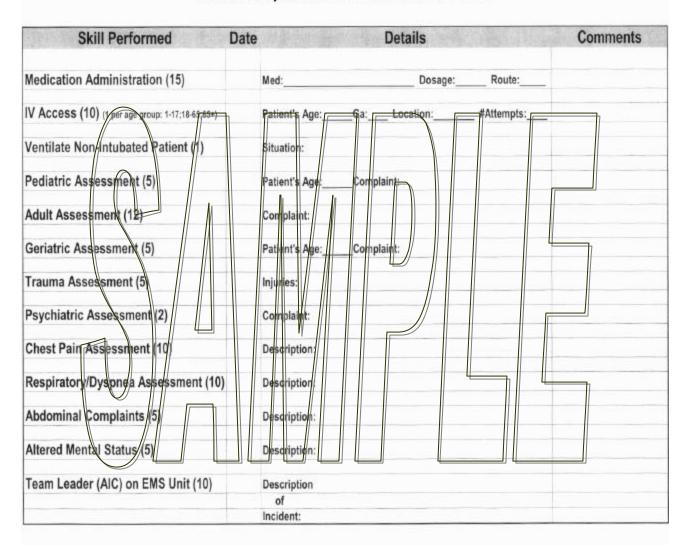
Skill competencies must be documented on this form with the date, details and signatures of the student and an RN/MD or approved preceptor supervising performance of skill.

Students are to utilize one (1) form per patient contact.

RN/MD/Preceptor's Signature:

Student's Signature:

Western VA EMS Council Patrick County EMT-Enhanced Pilot Course Skills Competencies Documentation Form



Skill competencies must be documented on this form with the date, details and signatures of the student and an RN/MD or approved preceptor supervising performance of skill.

Students are to utilize one (1) form per patient contact.

NKA Nicholas Klimenko and Associates 4328 Fair Chase Williamsburg Virginia 23185

ADVANCED LIFE SUPPORT TRAINING CLINICAL PERFORMANCE CHECKLIST

Labor and Delivery

Student Name:	Date:	Date: Time Arrived:	
Hospital:	Preceptor name:	Time Departed:	
Unit:	Preceptor signature	e:	

OBJECTIVES	# Performed	SCORE	EVALUATOR COMMENTS
Demonstrated the ability to perform a comprehensive patient assessment.		UNDSC	
Demonstrated the ability to perform a detailed OB/G(N assessment. (P Only)		UNDSC	
Demonstrated the ability to obtain an obstetric history.		UNDSC	
Properly identified presenting signs/symptoms and understood their clinical significance.		UNDSC	
Demonstrated the ability to provide care for an obsteriic or GYN related complaint.		UNDSC	
Demonstrated the ability to reopgnize conditions that may result in a depressed newborn.		UNIDSC	-
Demonstrated the ability to prepare for the delivery of the fetus.		UNIDSC	
Demonstrated the ability to perform delivery of the fetus.		UNIDSC	
Demonstrated the ability to assess and examine the newborn.		UNIDSC	
Demonstrated the ability to perform a gestational age assessment.		UNIDSC	
Demonstrated the ability to calculate the APGAR score		UNIDSC	
Demonstrated the ability to properly perform the initial steps of rewborn resuscitation.		UNIDSO	
Demonstrated appropriate oxygen therapy and/or ability to ventilate a newborn with BVM.		UNIDSC	
Demonstrated appropriate techniques to prevent heat loss in the newborn.		UNIDSC	
Demonstrated the ability to provide post delivery care for the mother.		UNIDSC	

Objective Scoring	Totals	Observed	Performed
C = Competence, able to perform the procedure consistently, independently without assistance.	OB assessments		- Cironine
S = Satisfactory, able to perform the skill consistently, however not yet competent.	Normal deliveries		
D = Developing, able to perform the skill most of the time, more practice necessary.	Comp deliveries		
NI = Needs Improvement, able to perform the skill with assistance, more training necessary.	NB assessments		
U = Unsatisfactory, unable to perform the skill.	NB resuscitation		

NKA Nicholas Klimenko and Associates 4328 Fair Chase Williamsburg Virginia 23185

ADVANCED LIFE SUPPORT TRAINING CLINICAL PERFORMANCE CHECKLIST

Resuscitation Skills Lab

Student Name:	Date:	Time Arrived:	Time Departed:	
Hospital:	Preceptor name:			
Unit: Resuscitation Skills Lab	ation Skills Lab Preceptor signature:			

OBJECTIVES	# Performed	SCORE	EVALUATOR COMMENTS
Demonstrated proper preparation for endotracheal intubation		UNIDSC	
Demonstrated the ability to properly perform endotracheal in ubation in infants.		ONI DIS C	
Demonstrated the ability to properly perform a surgical cricothyrotomy.		UNIDSC	
Demonstrated the ability to initiate peripheral IV access.		UNIDSC	
Demonstrated the ability to initiate central IV access.		UNIDSC	
Demonstrated the ability to initiate in aosseous access.		UNIDSC	
Demonstrated proper technique in the preparation and delivery of IV medications		y/NI p s c	
Demonstrated the ability to properly perform pleural decompression.		UNIDSC	
Demonstrated the ability to properly perform pericardiocentisis		UNIDSC	
Demonstrated the ability to properly perform neuromuscular blockade for intubation.		UNIDSC	
		UNDSC	
		UNIDSC	
		UNIDSC	

Objective Scoring	Totals	
C = Competence, able to perform the procedure consistently, independently without assistance.	IV Access - peripheral	Pleural decompression
S = Satisfactory, able to perform the skill consistently, however not yet competent.	IV Access - Central	Chest tube
D = Developing, able to perform the skill most of the time, more practice necessary.	IO Access	Pericardiocentisis
NI = Needs Improvement, able to perform the skill with assistance, more training necessary.	IV bolus medications	Surgical Airway
U = Unsatisfactory, unable to perform the skill.	IV drip medications	Infant intubations

NKA Nicholas Klimenko and Associates 4328 Fair Chase Williamsburg Virginia 23185

ADVANCED LIFE SUPPORT TRAINING CLINICAL PERFORMANCE CHECKLIST

Labor and Delivery

Student Name:	Date:	Time Arrived:	Time Departed:
Hospital:	Preceptor name:		
Unit:	Preceptor signatu	re:	

OBJECTIVES	# Performed	SCORE	EVALUATOR COMMENTS
Demonstrated the ability to perform a comprehensive patient assessment.		UNIDSC	
Demonstrated the ability to perform a detailed OB/GYN assessment. (P Only)		UNIDSC	
Demonstrated the ability to obtain an obstetric history.		UNIDSG	
Properly identified presenting signs/symptoms and understood their clinical significance.		UNIDSC	
Demonstrated the ability to provide care for an obstetric or GYN related complaint.		UNIDSC	
Demonstrated the ability to recognize conditions that may result in a depressed newborn.		UNIDSC	
Demonstrated the ability to prepare for the delivery of the fetus		UNIDSC	
Demonstrated the ability to perform delivery of the fetus		NI DSC	
Demonstrated the ability to assess and examine the newborn		UNISC	
Demonstrated the ability to perform a gestational age assessment.		UNDSC	
Demonstrated the ability to calculate the AFGAR score.		UNIDSC	
Demonstrated the ability to properly perform the nitral steps of newborn resuscillation.		UNIDSC	
Demonstrated appropriate oxygen therapy and/or ability to ventilate a newborn with BVM		UNIDSC	
Demonstrated appropriate techniques to prevent heat loss in the newborn		UNIDSC	
Demonstrated the ability to provide post delivery care for the mother.		UNIDSC	

Objective Scoring	Totals	Observed	Performed
C = Competence, able to perform the procedure consistently, independently without assistance.	OB assessments		
S = Satisfactory, able to perform the skill consistently, however not yet competent.	Normal deliveries		
D = Developing, able to perform the skill most of the time, more practice necessary.	Comp deliveries		
NI = Needs Improvement, able to perform the skill with assistance, more training necessary.	NB assessments		
U = Unsatisfactory, unable to perform the skill.	NB resuscitation		

NKA Nicholas Klimenko and Associates 4328 Fair Chase Williamsburg Virginia 23185

ADVANCED LIFE SUPPORT PROGRAMS CLINICAL PERFORMANCE CHECKLIST

Assessment Summary

Page ____ of ____

ID Number				S	Stude	ent N	ame						Ce	rtific	ation	Nun	nber			Prog	ram			1270	Loca	ation					Date	}	40000
		ate			Date	Э		Date	9		Date	9		Date)		Date)		Date	e		Date)		Date	9		Date	9	T	OT/	AL
Clinical Assessments																																	
	P	Ā	G	Р	Α	G	P	A	G	P	A	G	Р	A	G	Р	A	G	R	Α	G	P	Α	G	Р	A	G	P	A	G	P	A	G
Cardiovascular								1																									
Respiratory				1		\parallel														1													
Neurological			-							1			\parallel								1					_							
Abdominal							1	Щ					\parallel								1												
Psychiatric Psychiatric		1				-	#						\parallel							Ш	#												
OB /GYN	-				\parallel		\mathbb{H}	\parallel				Н	\parallel	\parallel					_	\parallel	#				Н				-				
General \		-	+		\parallel		\mathbb{H}	\mathbb{H}						\parallel	+	#				$/\!\!/$	-	\parallel			H								-
Trauma	N	+	-		#		+													/					+				-				
		1				1 4	4					Y					Г		//														
	Dat	e		Da	te		Da	ate		Da	te		D a	te		Da	te		Da	ite		Da	te		Da	ate		Da	ite		TO	TA	L
Clinical Assessments	f					_																4				4							
	Р	Α	G	P	Α	G	P	Α	G	P	Α	G	Р	Α	G	Р	A	G	Р	Α	G	Р	Α	G	Р	Α	G	Р	Α	G	P	A	0
Cardiovascula			$/\!\!/$					- 18	Ш				Ц		Ш										L								
Respiratory		1	_	4			4		1) [4		4] [4													
Neurological																																	
Abdominal																																	
Psychiatric																																	
OB/GYN																																	
General																																	
Trauma																												477					



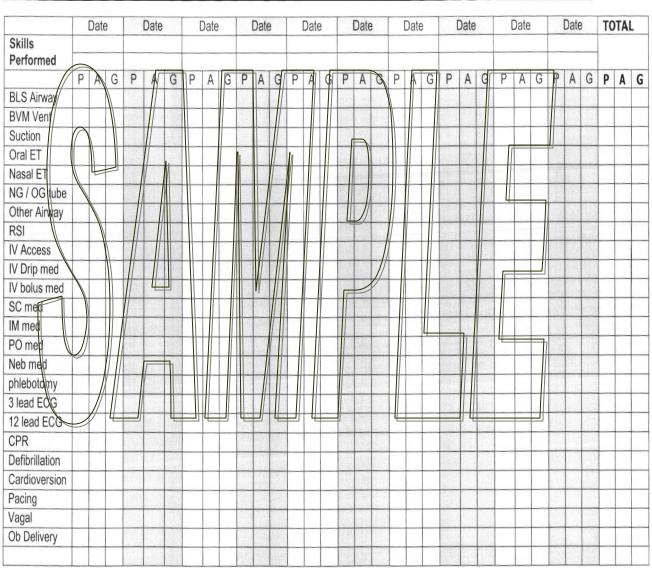
ADVANCED LIFE SUPPORT PROGRAMS CLINICAL PERFORMANCE CHECKLIST

Nicholas Klimenko and Associates

Skills Summary

4328 Fair Chase Williamsburg Virginia 23185

					Page or
ID Number	Student Name	Certification Number	Program	Location	Date



Nicholas Klimenko and Associates Inc. Emergency Health Services Program Advanced Programs - Clinical Assessment Report

Date:	Student name:	
Hospital:	Preceptor name:	
Unit:	Preceptor initials:	
	espiratory	☐ Pediatric ☐ Geriatric
General Impression:		Age
250 9A 95 9V-504.		Sex M F
Mechanism of Injury:		TOTAL MARKETON
		Race:
Chief Complaint: History of the Current Illness: Prior Medical History / Health History	ry / Occupational History:	Weight kg.

Time	Ven Rate	tilation Effort	Breath L	Sounds R	SAO2	Pulse	Skin	BP	GCS	
			one w							
-			_					-		

HEENT:	
Thorax:	
Abdomen:	
Extremities:	
Posterior:	
ECG	
Attach rhythm strip Rhythm interpretation Conclusion: Treatment Plan:	
Section below to be completed by Preceptor: Diagnosis: Preceptor Comments:	
Outcome:	Disposition:
Program Coordinator:	PCD:
ESSENTE TO DESCRIPTION OF THE PROPERTY OF THE	

Patrick County EMT-Enhanced Pilot Program Field Internships

Statement of Agreement

Between

Western Virginia Emergency Medical Services Council, Inc. (EMS Council)

And

Patrick County EMS Agencies:

	Z WINTER COMMITTY ZEIZE TEACHION	
	Smith River Rescue Squad, Inc.	
CCDF V	olunteer Fire Department & Rescue	Squad, inc.
	Vesta Rescue Squad, Inc.	-
//	Jeb Stuart Rescue Squad, Inc.	\
# 3	lue Ridge Volunteer Rescue Squad,	1/n/c.
	Ararat Rescue Squad, Inc.	
R.J. Rey	nolds-Patrick County Memorial Ho	spital, Inc.
	Mookefield Store Fire Department, 1	Inc.
The state of the s	ick Henry Volunteer Fire Departme	_ // // // // //
2 011/		
	\	
Pat	rick County Operational Medical D	irector
<u> </u>	Diane Rowell, MD	L
	Diane Robert, 1915	
This statement of agreement bety	ween the Captains and Chiefs of their respective	agencies, the Western Virginia
emergency Medical Services Co	uncil, Ind. and Diane Rowell, NID agree to allow ck County EMT-Enhanced Pilot Program to resp	and to all calls and act as the
orimary Attendants in Charge of	the patients with all Patrick County agencies Apr	ril 1, 2001 through June 7, 2001.
	vithin the boundaries of Patrick County, VA and t	
	maniyangsondasa hiritari kadara sarayan tabun kadara kabar kalanda kalan kada si masarasan ka 🕶 🗷 sara kalanda kasara ka	
Smith River Rescue Squad, Inc.	CCDF Vol. Fire Dept. & Rescue Squad, Inc.	Vesta Rescue Squad, Inc.
leb Stuart Rescue Squad, Inc.	Blue Ridge Vol. Rescue Squad, Inc.	Ararat Rescue Squad, Inc.
R.J. Reynolds-Patrick County Memorial Hospital, Inc.	Moorefield Store Fire Department, Inc.	Patrick Henry Vol. Fire Dept., Inc.
Western Vincinia El	MS Council Inc Dr Diane Powell MD	Patrick County OMD